September 19th 2012

The Bariatric Surgeons at Suburban Surgical Care Specialist in northwest Illinois appreciate the opportunity to comment to the Health Care Reform Implementation Council and encourages the selection of an essential health benefits package that provides coverage for services across the continuum of care for obesity.

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The Epidemic

A majority of adults in the U.S. are overweight or obese. The prevalence of obesity (BMI>30) in the U.S. exceeds 35% and 6.3% of adults have severe obesity (BMI ≥ 40)[1,2]. Nearly 2.8 million people in Illinois are obese, an increase of 6.2 percent to 8.7 percent over a ten year period. Additionally, the number of adults with diabetes has doubled during the last ten years and currently affects 844,000 Illinoisans.[3]

Etiology of Obesity

Obesity arises as a result of a complex interaction of genetic and environmental factors. The end result is a metabolic dysregulation of energy balance which results in a gradual increase of excess body fat.

Obesity-Related Pathology

Obesity has been determined to be a disease, associated with multiple comorbid conditions, including diabetes, hypertension, hyperlipidemia, obstructive sleep apnea, impaired quality of life and others.[4] Obesity is also associated with premature mortality.[5] Improvement or induction of remission of these comorbid conditions as well as improved survival associated with weight loss further supports the concept of obesity as a disease.

The Treatment of Obesity

Obesity treatments, like metabolic and bariatric surgery and behavior modification programs, help resolve comorbidities, reduce costs, and transform the lives of patients. In fact, bariatric and metabolic surgery can resolve or improve diabetes (78.1% resolved, 86.6% improved or resolved) and other obesity – related comorbidities after metabolic and bariatric surgery.[6] In addition, bariatric and metabolic surgery is highly cost effective producing longitudinal cost savings and overall health improvement.[7] The downstream savings associated with metabolic surgery procedures is approximately 2 years, with a range of 16 to 34 months.[8]

Behavior Modification

The U.S. Preventative Services Task Force (USPSTF) recommends that clinicians screen adult patients for obesity and offer intensive counseling and behavioral interventions to promote sustained weight loss for obese adults.[9] Intense behavior modification can result in a modest but definite sustained weight loss of approximately 5% after four years of ongoing intervention.[10] Thus, it is recommended that the essential health benefits package provides coverage for the following obesity preventive and treatment services recommended by the USPSTF:

- Screening adults for obesity and offering intensive counseling and behavioral interventions for the obese.
- Dietary counseling for adults with hyperlipidemia and other known risk factors for cardiovascular and diet-related chronic disease.
- Screening for obesity in children and adolescents and offer them or refer them to comprehensive, intensive behavioral interventions to promote improvement in weight status.

Metabolic & Bariatric Surgery

Metabolic and Bariatric surgery has been recommended for adults with BMI>40 or >35 with associated comorbid condition following the NIH Consensus Conference of 1991, reaffirmed by the NIH guidelines for the treatment of obesity in 1998. In this patient population the weight loss accomplished by bariatric surgery far exceeds that achieved by behavior modification or other medical interventions.[11] This weight loss is sustained over intervals as long as 20 years.[12] The benefits of this weight loss include induction of remission of the life-threatening comorbidities associated with severe obesity, including a majority of patients with diabetes, hypertension, hyperlipidemia and obstructive sleep apnea.[13,14]

Quality of life is also improved.[15] Improved survival over a period of years has also been demonstrated in multiple studies, including the matched cohort analyses from Sweden and Utah.[16,17] As the result of the induction of remission of comorbid conditions, as well as a decrease in the incidence of all cancers, health care costs are reduced. A complete return on investment for laparoscopic gastric bypass has been reported in as little as two years, utilizing commercial claims data from multiple U.S. databases.[18]

The potential for a substantial increase in short-term cost associated with the upfront cost of the surgical procedures is understood. Experience has shown, however, that a "rush to the operating room" occurs to only a very modest extent at most, following addition of a bariatric surgical benefit to a specific health plan.[19] Further, patients denied access to the benefit had a greater incidence of new comorbidities within a median follow-up period of 36 months.[20]

Maintaining a bariatric benefit helps the state and the health plans in the Exchange avoid co-morbid costs associated with clinically severe obesity. Improving controls in the reimbursement policy can help improve patient selection and ultimately outcomes. Detailed evidence around how savings and quality improvements can be found in the attached *Cost Effectiveness Summary.*

09-0150 Examining
Cost-Effectiveness of
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Strong clinical evidence shows bariatric surgery can lead to improvement or resolution of Type 2 diabetes (T2DM) and other comorbidities. Specifically, new randomized controlled trial evidence supports recent cohort studies and meta-analyses showing bariatric surgery can lead to improvement or resolution of Type 2 Diabetes (T2DM) and other cardiovascular co-morbidities – **and** reduce medication usage. Metabolic and bariatric surgery:

- Helps Type 2 diabetic patients achieve glycemic control more effectively than intensive medical therapy within 1 year.[21,22]
- Resolves or improves Type 2 diabetes and other obesity-related CV comorbidities for up to 5 years.[23,24,25,26]
- Reduces medication use for Type 2 diabetes and other CV comorbidities for up to 3 years.[27,28,29]
- Results in morbidity & mortality rates that are similar to well-established general surgery procedures such as gallbladder surgery and hysterectomy.[30]
- Reduces the risk of cardiovascular death (myocardial infarction or stroke) compared to customary intervention.[31]

In summary, obesity is a life-threatening disease which is associated with multiple chronic diseases and premature mortality. Modest weight loss with non-surgical therapy can be achieved with intense

behavior modification. More substantial weight loss with greater benefits is achieved by bariatric surgery with a low complication rate. Cost savings are generated over time. It is therefore appropriate to include the medical and surgical treatment of obesity in any and all health plans offered in the state of Illinois from this point forward.

By providing coverage for these evidence based services for those participating in the health exchange, Illinois can reduce both the short term and the long term burden of obesity in our state and save lives of Illinoisans.

Sincerely, James M. Kane Jr., M.D.
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Outline:

The key message: We want to ensure that the continuum of care for obesity is addressed in the EHBs for the state of Illinois. This includes bariatric surgery, obesity screening, etc. Cost-effectiveness information, data regarding the treatment of comorbidities, and the recent USPSTF obesity screening guidelines will be helpful as we develop the message. A "less is more" strategy will be most effective in Illinois. Thus, numerous attachments, 50 page studies, etc. won't be necessary, but we will want to provide solid references for our statements.

1. Intro – identification of representation, reason for comment
2. The Epidemic
3. Etiology of Obesity
4. Obesity-Related Pathology
5. The Treatment of Obesity
   - 5.1. Continuum of Care
   - 5.2. USPTF Guidelines – Obesity Screening
   - 5.3. Cost-effectiveness
   - 5.4. Treatment of Comorbidities
6. Summary – obesity is a disease, provide services to reduce burden of obesity in the state